

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit: 2145

Examiner: Ajay Bhatia

In Re: Harry Glorikian  
Case: P690CIP1  
Serial No.: 09/502,407  
Filed: 02/10/2000  
Subject: An Internet System for Connecting Client-Travelers with Geographically-Associated Data

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR REFUND**

Deposit Account No. 500534 under 37 CFR §1.26

Dear Sir:

Applicant respectfully requests a refund to deposit account 500534 in the amount of \$100.00.

In reviewing the Deposit Account, it has come to our attention fees were deducted on 06/26/2006 from the Deposit Account for Fee Code 1201, an "Independent Claims in Excess of Three" in the amount of \$200.00. Applicant filed an RCE and amended claims on 05/23/2006. The additional fees for a new independent claim were paid through the deposit account as a large entity. As the applicant is a small entity a fee (2201) of \$100.00 should have been paid from the Deposit Account.

We respectfully request the Commissioner refund to deposit account No. 500534 the amount of \$100.00.

If you require additional information, please telephone this office.

Sincerely,

/Donald R. Boys/

Donald R. Boys Reg. No. 35074

Central Coast Patent Agency, Inc.  
3 Hangar Way, Suite D  
Watsonville, CA 95076  
(831) 768-1755

696

PTO/SB/07 (12-97)  
Approved for use through 9/30/00. OMB 0661-0031  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

In re: Request for Refund  
Application No.: 09/502,407

**Certificate of Transmission under 37 CFR 1.8**

Attn: Refund

Fax No.: (571) 273-6500

I hereby certify that this correspondence is being facsimile transmitted to the  
Patent and Trademark Office

on 01/11/2007

Date



Signature

Sheri Beasley

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify  
each submitted paper.

**Total Sheets Transmitted - 2**

1. Request for Refund to Deposit Account 500534 - 1 sheet
2. Certificate of Transmission - 1 sheet

Following is a request for \$100.00 refund to Deposit Account 500534 for application 09/502,407.

If you do not receive all pages please call me at (831) 768-1755.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Sales Receipt for Accounting Date: 06/26/2006

CBARNES1 SALE #00000001      Mailroom Dt: 06/15/2006 500534 09502407  
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Adjustment Date: 01/29/2007 ZJUHA1  
06/26/2006 CBARNES1 00000001 500534 09502407  
01 FC:1201                      200.00 CR

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01 FC:2201                      100.00 DA